



CERTIFICATE OF MAILING

I certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 2-13-06


Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Group Art Unit: **2614**

Serial No.: **09/693,784**

Examiner: **Beliveau, Scott E.**

Filed: **October 20, 2000**

Docket No. **A-6690 (191910-1600)**

For: System and Method for Reminders of Upcoming Rentable Media Offerings

The following is a list of documents enclosed:

- Return Postcard
- Petition for Extension of Time (3 months)
- Amendment Transmittal
- Fee Transmittal
- Credit Card Authorization - Authorizing \$1020.00
- Response to Non-Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant/Assignee
Rodriguez, et al.

Docket No.

A-6690 (191910-1600)

Serial No.
09/693,784Filing Date
October 20, 2000Examiner
Beliveau, Scott E.Confirmation No.
8546Group Art Unit
2614Invention: **SYSTEM AND METHOD FOR REMINDERS OF UPCOMING RENTABLE MEDIA OFFERINGS**

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is a Petition for Extension of Time (3 Months); and a Response to Non-Final Office Action; and IDS in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|---|--|--|---|--|-------------------|
| TOTAL CLAIMS | <u>16</u> - | 82 = | 0 | X \$50.00 | \$0 |
| INDEP. CLAIMS | <u>2</u> - | 7 = | 0 | X \$200.00 | \$0 |
| Multiple Dependent Claims (check if applicable) | <input checked="" type="checkbox"/> | | | \$360.00 | \$0 |
| EXTENSION FEE | 1 ST MONTH <input type="checkbox"/> \$120.00 | 2 ND MONTH <input type="checkbox"/> \$450.00 | 3 RD MONTH <input checked="" type="checkbox"/> \$1,020.00 | 4 TH MONTH <input type="checkbox"/> \$1,590.00 | \$1020.00 |
| Other Fees: | | | | | \$ |
| | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | \$1020.00 |

No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
 A check in the amount of _____ to cover the filing fee is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$1200.00.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367

2-13-06

Date